Registration Form for (n)21 Digital Certificate [Individual] Customer Identification Number:	(n)Code Solutions e-Safe.e-Secure.e-Sure.			
(For Office Use Only)				
Instructions:	Affix recent passport size			
 Please fill the form in BLOCK LETTERS in English only (n)21 Certificate refers to Class IIa 	photograph of the Applicant			
1. <u>VALIDITY OF (n)21</u> 1 Yr. 2Yrs.	(sign across photo)			
2. PROFESSION Director CA CS CWA OTHERS				
Professional ID				
3. <u>NAME OF THE APPLICANT</u> (As required in the DIGITAL CERTIFICATE)	-			
(Please ensure that the name as it appears in the Identity Proof matches with the name mentio	ned below)			
4. RESIDENTIAL ADDRESS				
Town / City / District				
State / Union Territory				
Pin				
Telephone No.	Fax No			
Mobile Phone No.				
5. <u>DATE OF BIRTH</u>				
DATE MONTH YEAR				
eg. DD MM YYYY 6. <u>E-MAIL ADDRESS</u>				
7. <u>IDENTITY DETAILS</u>				
(Please tick and fill ANY ONE) No. Passport / Voter's ID / PAN / Driving Lic. / Ratio				
8. <u>DETAILS:</u> DETAILS REQUIRED IF APPLICANT IS A FOREIGN NAT				
Nationality				
Passport No.]			
Visa Details]			
Page 1 of 2 Licensed Certifying Authority	- Version 1.1			

5	G 👌	(n) 21	(n)Code		
2	Registra	tion Form for (n)21 Digital Certil	ficate [Individual] Solutions		
	omer Identification Nu	ımber:			
	Documents Pequired and	Submitted by the Applicant			
		ny one: (Please tick the one submitted)		
	□ Passport / □ Driving License / □ Voters ID / □ PAN Card / □ PF Statement/PF Book / □ Ration Card				
	 B <u>Attested*</u> Copy as address proof of any one: (Please tick the one submitted) □ Latest telephone bill (landline or mobile) / □ Latest electricity bill / □ LIC receipt (if LIC policy is taken by applicant) 				
	 Documentary Proc Latest Photograph C Only for Directors 	f of Professional Membership (ICAI, ICSI of the applicant	, ICWAI)		
		Director details duly attested by CA / CS			
Note	 ote : * Attestation may be by a Bank Manager of a Nationalized or Private bank (excluding Cooperative banks) / Public Notary / Class I Gazetted Officer / Company Secretary. * In case the address on application is same as on document submitted under A (as above) then document mentioned in B is not required 				
	by agree that I have read a ement and promise to abid		(n)Code Solutions CA CPS and the Subscriber		
Place					
Date			Signature Of Applicant Jame:]		
given	on (n)Code Solutions CA	website.	e sent to any one of the nearest LRA locations		
Cneq		ment Details	GNFC Ltd." Cheque should be "Payable at Par" LRA Details		
D.	D. Cheque No. :		Checked & Verified By		
Da	te :	Amount:			
Ba	nk Name :				
			L D A Nome / Signature / Stomp		
Conta	act : www.ncodesolutions.co	m E-Mail : support@ncodesc	LRA Name / Signature / Stampblutions.comToll Free : 1-800-233-1010		
		DECLARATION (Applicable for Directors			
· · /	de Solutions sion of Gujarat Narmada Va	lley Fertilizers Company Limited			
This i	s to certify that Mr. / Ms.		(certificate applicant) is a		
			(organization name)		
	s of Attesting Authority				
Profes	ssion				
Profes	ssional Membership No				
Date	_		Signature with Stamp/Seal		
Place	_				
Page	2 of 2	Licensed Certifying Autho	rity Version 1.1		